

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/526,803-Conf. #7399
	Filing Date	March 4, 2005
	First Named Inventor	Sadahiro HIRAYAMA
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	0113072.00129US1

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 24395, 28089

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The applicant also does not respond to our communications.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

**Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.**

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B. ☒ Inventor or Assignee Name      Sadahiro Hirayama

Address      4-22-14 Minami-Yukigaya, Ota-Ku

City	Tokyo	State	Zip	145-0066	Country	Japan
------	-------	-------	-----	----------	---------	-------

Telephone	Email
	shiramnt@dm.catv.ne.jp

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Irah H. Donner/
-----------	------------------

Name	Irah H. Donner	Registration No.	35,120
------	----------------	------------------	--------

Address      Wilmer Cutler Pickering Hale and Dorr LLP  
1875 Pennsylvania Avenue, NW

City	Washington	State	DC	Zip	20006	Country	US
------	------------	-------	----	-----	-------	---------	----

Telephone	Email
(202) 663-6000	

Date	January 16, 2009	Telephone No.	(212) 230-8800
------	------------------	---------------	----------------

**NOTE: Withdrawal is effective when approved rather than when received.**